NCFC NEW CITY FUNDING CORP.
AUTO FINANCING

146 South Liberty Drive, Unit 11B
P.O. Box 121
Stony Point, NY 10980
845-942-0020 • Fax: 845-942-2810
www.newcityfunding.net

Dealer Application

PRINCIPALS - OFFICERS - OWNERS

Name: _____ Title: _____
Address: _____
City, State, Zip _____ Phone: _____

Name: _____ Title: _____
Address: _____
City, State, Zip: _____ Phone #: _____

DEALERSHIP INFORMATION

Date Dealership Established: _____
Dealer License #: _____

Name: _____ Tax I.D.# _____
DBA: _____
Address: _____
City, State, Zip: _____
Phone #: _____ Fax #: _____

BANK INFORMATION

Name: _____ Account #: _____
Phone #: _____ Contact: _____
Type of Account: Checking Savings Money Market Other

FLOOR PLAN INFORMATION

Name: _____ Account #: _____
Phone #: _____ Contact: _____

TRADE REFERENCES

Name: _____ Account #: _____
Address, City, State, Zip: _____
Phone #: _____

Name: _____ Account #: _____
Address, City, State, Zip: _____
Phone #: _____

Please return copies of the following with this form: Dealer License, Tax License, and Motor Vehicle License.
I authorize **New City Funding Corp.** to verify all trade and banking relationships. This information will be used solely for the purpose of entering into the enclosed dealer agreement and will be held confidential. I (we) certify that all of the information listed on this form is true and correct.

SIGNATURE (PRINCIPAL - OFFICER - OWNER)

Title: _____ Title: _____
Date: _____ Date: _____